FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in the second	(Check if name Example: If typying, type over the lines	12FE4M5
Teva Pharmac	euticals USA, Inc. Political Action Committee	
ADDRESS (number and s	25 Massachusetts Avenue, NW	
(Check if address is changed)	Sujte 440	
	Washington	DC 20001 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	cindy.campbell@tevausa.com	
(Check if address is changed) 2. DATE M M M 0.4		
3. FEC IDENTIFICA	TION NUMBER C C00434811	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Type or Print Name of	Treasurer Deborah Alice Griffin	
Signature of Treasurer	Electronically Filed by Deborah Alice Griffin	Date 04 / 22 / YYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	